Clinical Image

[Translated article] Diagnosing Superior Vena Cava Stent Thrombosis by Endobronchial Ultrasound

Diagnóstico de trombosis de stent de vena cava superior mediante ecobroncoscopia

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We report the case of a 56-year-old man who presented with a 2-week history of dyspnea (mMRC grade 3/4), facial edema, distended neck veins, and headache.

Additional tests revealed the presence of a right paratracheal lymph node cluster with extrinsic compression of the superior vena cava (Fig. 1A), so we decided to implant a stent and to start treatment with enoxaparin, acetylsalicylic acid, and clopidogrel.

The patient’s symptoms resolved, and an endobronchial ultrasound was performed after withdrawal of enoxaparin and clopidogrel. This revealed a lymph node cluster in the 4R mediastinal territory, containing an elongated hyperechoic image with posterior enhancement, consistent with the previously placed stent. Doppler-mode analysis showed an absence of blood flow through the stent (Fig. 1B). Stent thrombosis was suspected, so superior vena cavaogram was performed, which confirmed the endoscopic findings (Fig. 1C). A new stent had to be implanted to achieve complete recanalization (Fig. 1D).

Endobronchial ultrasound, therefore, facilitated a histological diagnosis and provided evidence of vena cava stent thrombosis in the same procedure. Given the low hemorrhagic risk of the procedure,1,2 an individualized risk-benefit assessment of maintaining antiplatelet therapy may be made, in order to reduce the thrombotic risk.

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References


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